

PRINTER RUSH
(PTO ASSISTANCE)

Application : 09/180,699 Examiner : Jackson GAU : 2836
From: MR Location: IBC FMF FDC Date: 11-05-05
Tracking #: EPM09180699 Week Date: 05-23-05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>04-04-05</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Claims 4 + 5 depends upon
higher claim 10.

Please correct claim dependency.

Thank you,
MR

[XRUSH] RESPONSE: _____

INITIALS: _____

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04